



Mental Health Triage Personnel Grant

Process Information Report

Date of Report:

County Name:

Name of Contact: **Phone Number:**

Email:

1. Total number of Triage Personnel Hired to Date (Identify in Full-time Equivalents FTEs)

a. County Staff Total FTEs

b. Contract Staff Total FTEs

2. Total Number for each type of Personnel Hired (Identify in Full-time Equivalents FTEs. If the staff hired do not fit the categories below- please specify in the "other" category)

a. County Staff

i. Case Managers FTEs

ii. Social Workers FTEs

iii. Nurses FTEs

iv. Clinicians FTEs

v. Mental Health Workers	<input type="text"/>	FTEs
vi. Peer Providers	<input type="text"/>	FTEs
vii. Outreach Workers	<input type="text"/>	FTEs
viii. Psychiatrists	<input type="text"/>	FTEs
ix. Other		
Mental Health Supervisor	0.25	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs

b. Contract Staff

i. Case Managers	<input type="text"/>	FTEs
ii. Social Workers	<input type="text"/>	FTEs
iii. Nurses	<input type="text"/>	FTEs
iv. Clinicians	<input type="text"/>	FTEs
v. Mental Health Workers	3	FTEs
vi. Peer Providers	<input type="text"/>	FTEs
vii. Outreach Workers	<input type="text"/>	FTEs
viii. Psychiatrists	<input type="text"/>	FTEs
ix. Other		
<input type="text"/>	<input type="text"/>	FTEs

		FTEs
		FTEs
		FTEs
		FTEs

**3. Identify Triage Locations for Service and Points of Access
Currently Available with Staff Already Hired**
(i.e hospital emergency rooms, homeless shelters, mobile team, etc.)

Community	Sheriff's Department
Hospital Emergency Room	County Jail
BHRS Agency - On-Site	

4. Comments

If you have questions, contact Cody Scott.

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Phone Number: (916) 445-8692

Please Email this document to:
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